

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.
1400154
APPLICANT'S

FILED DATE
9/8/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61								
2							62								
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48															
49															
50															
TOTAL NO.	8						TOTAL NO.								
TOTAL OFF.	18						TOTAL OFF.								
TOTAL	26						TOTAL								